Foster Family Home - Corrective Action Report

Provider ID:

1-510744

Home Name:

Ruthie Agbayani, CNA

Review ID:

1-510744-7

94-436 Apowale Street

Reviewer:

Lisa Johnson

Waipahu

HI 96797

Begin Date:

3/15/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)Home inspection for a 3 person CCFFH recertification made on 3/15/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/15/19.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e)

The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.e No doorbell or intercom present by the gate, dogs present in front yard including signs stating -beware of dog.

Compliance Manager

Primary Care Giver

Date ,

3/15/2019

Date

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3/16/2019 3:15 AM

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name:

Ruthie Agbayani

CCFFH Address: 94-436 Apowale St, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
11-800- 6 (d)(1)	Submitted corrective action plan for 3-bed recertification due 4/15/19.	4/15/19	Provider will be sure all applicable requirements are completed in order to comply with rules and regulations.
11-800- 50(e)	CCFFH to install wireless video two-way talk doorbell	4/15/19	Allows State Department of Health to announce their arrival at the gate and clearly identify credentials due to "beware of dog" signage and presence of dogs on property; allows CCFFH staff or family members to give permission of entry, to invite and escort visitor through the gate, private property, and home as a means to show respect, and to prevent unwanted or accidental animal attack of strangers.

Primary Caregiver's Signature:

Print Name: Ruthie Agbayani